

# **Substance Use Disorder Provider Application Instructions**

**Department of Health and Mental Hygiene  
Medical Care Programs**

**Revised July 2014**

## INTRODUCTION

The Maryland Medical Assistance Program and the Behavioral Health Administration (BHA) are working together to ensure that all Office of Health Care Quality (OHCQ) Certified addictions providers that want to enroll as a Maryland Medicaid fee-for-service provider receive appropriate application forms and technical assistance.

Enclosed you will find a generic Medical Assistance Provider application form. Do not complete this application if you are already enrolled with the Medical Assistance Program as provider type 50 (group, individual, or IOP) or a provider type 32 (methadone maintenance program).

Complete this application if you are a non-hospital, community-based substance use disorder treatment provider and want to enroll as a Medical Assistance provider. If you are a methadone maintenance program, please use provider type 32 when filing out this application. If you are a provider of addictions counseling services (group, individual, or IOP), please use provider type 50. You **MUST** complete this application according to the following instructions. As a Community-Based Substance Use Disorder provider, you must attach a copy of your OHCQ Certification to this application.

**Note:** If the date on your certification is expired, you will need to send a copy of a letter of good standing from OHCQ to fulfill this requirement.

## SECTION #1

### APPLICATION TYPE

Check the appropriate box.

If you check “new enrollment,” enter your NPI number in the box provided.

If you are already enrolled as a provider type other than 32 or 50 check “existing provider/change,” enter both your MA provider number and your NPI number in the boxes provided.

**Do not complete this application if you are already enrolled with the Medical Assistance Program as a provider type 50 (group, individual, or IOP) or provider type 32 (methadone maintenance program).**

**Note:** The National Provider Identifier (NPI) is a Health Information Portability and Accountability Act (HIPAA) mandate requiring a standard unique identifier for health care providers. Providers must obtain this unique 10-digit identifier and use it on all electronic transactions. When billing on paper, this unique number and the provider’s 9-digit Medicaid provider number are required to ensure reimbursement. Additional NPI information can be found on the Centers for Medicare and Medicaid Services (CMS) website:

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Or for NPI assistance, call **1-800-465-3203**

I AM APPLYING AS A ...PLEASE CHECK ONE

Please check **Facility/Institution/Business/Agency**

REQUESTED ENROLLMENT BEGIN DATE (TOP RIGHT)

Enter the date you are requesting for enrollment. **Note:** Maryland Medicaid will not backdate your enrollment more than (3) months prior to receiving your application.

**SECTION #2**

PROVIDER INFORMATION

Please complete all applicable information. For “Provider Type Code” box please circle either provider type 50 (OHCQ Certified Addictions Outpatient Program) or type 32 (Clinic, Drug Abuse (Methadone)).

**SECTION #3**

LICENSE/PERMIT INFORMATION

Enter Office of Health Care Quality (OHCQ) license information under **Individual and/or Institutional**.

**You must attach a copy of your OHCQ certification. If the date on your certification has expired you must obtain a letter of good standing from OHCQ and attach a copy to your application. To request a letter of good standing, please contact the Substance Abuse Certification Unit at 1-877-402-8218.**

**SECTION #4**

PRACTICE INFORMATION

99 has been entered for you. You do not need to enter anything in this box.

**SECTION #5 – SECTION #7**

Not applicable.

## SECTION #8

### MEDICARE INFORMATION

If you are participating in Medicare, please list the fiscal intermediaries with whom you are enrolled, (i.e., Blue Cross of Maryland, Traveler's Group Hospital Insurance (GHI), etc.) and enter the provider number each has assigned to you.

## SECTION #9

### ALTERNATIVE ADDRESS INFORMATION

Complete if pay-to or correspondence addresses are different than program address.

Would you prefer to receive electronic correspondence, including remittance advices, in lieu of paper, when available? Please check the appropriate box and make sure you have included your email address on the first page of the application (SECTION 2).

## SECTION #10

### OTHER PRACTICE LOCATION INFORMATION

Please fill in if applicable. **If you plan to enroll other practice locations into Medicaid you will need to submit a separate MA application and agreement for each location.**

## SECTION #11

### AUTHORIZATION

Please have administrator or authorized representative date, sign and print name as indicated.

## PRACTITIONER AND GROUP ADDENDUM

### LABORATORY INFORMATION

Include Laboratory information if applicable.

## PROVIDER OWNERSHIP AND CONTROL DISCLOSURE FORM

**You must complete this form. Please have an administrator or authorized representative date and sign as indicated.**

## ADDITIONAL REQUIREMENTS

**You must attach a copy of your OHCQ certification to the provider application.** If the date on your certification has expired you must obtain a letter of good standing from OHCQ and attach a copy to your application. To request a letter of good standing, please contact the Substance Abuse Certification Unit at 1-877-402-8218.

Once a Medical Assistance application has been received by Provider Enrollment, providers will be visited by a Medicaid site surveyor to **complete an unannounced site review**. Site visits are federally mandated and independent of any previous OHCQ site reviews conducted.

Enrollment as a Medical Assistance provider will not occur until the Office of Health Services has received all supporting documentation that satisfies the application and site review process. The Provider Application form, Provider Agreement, and OHCQ Certification documents should be mailed to:

Provider Enrollment  
P.O. Box 17030  
Baltimore, MD 21203  
(410) 767-5340

If approved as a Medical Assistance provider, you will be sent notification with your assigned provider number and approved begin date. At that time, you can bill for services rendered, as per established regulations, policies and procedures.

Questions regarding the enrollment process can be directed to:

Provider Enrollment  
(410) 767-5340

**Note:** Provider information and billing instructions can be located on our website at:  
<https://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx>

And Maryland regulations for Maryland Medical Care Programs can be found at:  
[http://www.dsd.state.md.us/comar/subtitle\\_chapters/10\\_Chapters.aspx#Subtitle09](http://www.dsd.state.md.us/comar/subtitle_chapters/10_Chapters.aspx#Subtitle09)

Your interest in becoming a Maryland Medical Assistance Provider is greatly appreciated.